

Northern Ireland Blood Transfusion Service



Risk Management Strategy March 2010 – March 2013

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| CONTENTS | Page Number |
|--|--------------------|
| 1 Introduction | 3 |
| 2 Aims and Objectives | 4 |
| 3 Scope | 4 |
| 4 Structures | 5 |
| 5 Roles and Responsibilities | 6 |
| 6 Training | 7 |
| 7 Risk Management System | 7 |
| 8 Reporting Arrangements | 8 |
| 9 Clinical Governance/Quality Assurance Framework | 9 |
| 10 Conclusion | 10 |

1 Introduction

Risk can be defined as 'the chance of something happening that will have an impact on objectives' (Australian Standard AS/NZS 4360:1999)

Corporate Governance requires that the Agency Board, Chief Executive and Senior Management Team have responsibilities for all aspects of control within NIBTS, and a duty to establish a robust system of risk management designed to identify and evaluate potential risk in every aspect of the operation.

Risk management is the range of activities undertaken by an organisation to control and minimise threats to the continuing efficiency and success of its operations.

The process of risk management includes the identification and analysis of risks to which the organisation is exposed, the assessment of potential impacts on the business, and deciding what action can be taken to eliminate, transfer or reduce risk and deal with the impact of unpredictable events causing loss or damage.

The purpose of NIBTS Risk Management Strategy is to provide a framework to enable the organisation to define its risk management arrangements.

2 Aims and Objectives

Aims-

1. all sources and consequences of risk affecting NIBTS are identified and assessed.
2. appropriate actions are taken to ensure that all such risks are prioritised and actions taken to minimise and eliminate these risks.
3. process of risk management is developed and managed through out the NIBTS in a consistent manner
4. contingency plans for risks that remain are developed and monitored
5. the health and well being of service users and staff is maximised
6. systems and procedures are monitored to measure levels of compliance and actions taken to address identified weaknesses

Objectives-

1. to actively involve all staff in the risk management process
2. to monitor the adverse incident reporting system
3. to monitor the complaint/claims systems linking it to risk management
4. to ensure lessons learnt are disseminated widely across the NIBTS
5. to develop a programme for identifying and reviewing areas of risk across NIBTS
6. to ensure that training needs identified as part of the risk management programme are addressed effectively.
7. to meet existing and impending government directives on Corporate Governance, clinical governance, and Controls Assurance
8. to enhance the care and safety of donors
9. to enhance the quality of products and services
10. to improve staff morale and productivity

3 Scope

The Northern Ireland Blood Transfusion Service Agency Board recognises that risk management is not restricted to any one area of the organisation, but embraces all departments, all staff and all services within the system. This includes donors, staff, services, reputation, capital and financial assets.

4 Structures

- Risk management will become an intrinsic part of NIBTS's business planning, decision making process and policy development. No change of direction, outcome or objective should occur without first considering the risks involved.
- Risks will be assessed and monitored through an NIBTS corporate risk register which will record all significant identified risks, along with action plans to reduce the risk to the lowest practicable level or to a level acceptable to the NIBTS SMT. The corporate risk register will be reviewed on a quarterly basis as will the departmental risk registers.
- The Clinical Governance and Risk Management Committee and through supporting structures will take a holistic approach to risk that will address all areas of the Agency. This Committee will review the development and performance of the organisation's risk management processes.
- A sub-group of the CGRM Committee will support the Business Continuity and Risk Manager in co-ordinating the management of risk across the whole organisation. It will liaise with other established groups such as the SMT and Audit Committee, each of which have responsibility for aspects of risk within the Service. The sub committee will also establish Key Performance Indicators and report progress on a quarterly basis to the Clinical Governance and Risk Management Committee.
- All accidents, incidents, adverse events (including 'near misses') and complaints will be reported promptly using the existing procedures. These include:
 - Accidents and injuries to staff, donors or visitors
 - Adverse events/incidents
 - Violence to staff
 - Vehicle incidents
 - Theft or other security incidents
 - Fire
 - Suspected fraud

The Business Continuity and Risk Manager will monitor the incidents which have a significant impact on the organisation through attendance at the monthly Incident Management Meeting. The risks identified through this will be brought to the Risk Management Sub Group to assess whether they should be included on the Corporate Risk Register and/or the appropriate Department's Register.

5 Roles and Responsibilities

NIBTS Agency Board: will –

- agree and approve NIBTS Risk Management Policy and Strategy and oversee compliance with these.
- receive an update on the status of the NIBTS Risk Register at each Board meeting
- receive formal quarterly update from the Clinical Governance and Risk Management Committee on the implementation of the Risk Management Strategy.
- receive and approve an annual report on the effectiveness and efficiency of the risk management system, and progress against the Strategy.
- representative will attend quarterly Clinical Governance and Risk Management Committee meetings.

NIBTS Audit Committee: - will

- review independent audit reports on NIBTS Risk Management Systems
- review and approve action plans arising from such audits and obtain assurance that these are completed
- advise the board on any issues arising from the above.

Chief Executive: has overall accountability and responsibility for the management of Risk Management.

Quality Manager with support from the Business Continuity and Risk Manager: has delegated responsibility for ensuring that the Agency has a comprehensive system for Risk Management in operation across both clinical and non-clinical areas.

Senior Management Team Members: have responsibility for ensuring that NIBTS risk management policies and procedures are applied within their areas of responsibility.

Line Managers and Clinical staff: are accountable for the continuous audit, implementation and monitoring of risk management activity in their areas of responsibility. They are the focal point for risk identification, assessment and control in their area and highlighting risks as appropriate

All staff:

- must ensure they are familiar with and use the correct methods of risk identification and its assessment for the situation
- Communicate risk issues to their line manager
- Contribute to minimising Risk whenever possible
- Attend relevant training, as required

NIBTS Clinical Governance and Risk Management Committee - Risk Management Sub-group : under the chairmanship of the Business Continuity and Risk Manager support the development and implementation of business resilience and risk management solutions.

6 Training

A Training Needs Analysis was completed in August 2009 and all the training identified from this has been completed. The training provided included:

- General Risk Management Awareness training for the Risk Management Sub Group
- Risk Register Process training for the Risk Management Sub Group and the Clinical Governance and Risk Management Group.
- Corporate Level Risk Management training for the Board members
- Introduction to Risk Management for all staff

All of the above training except for the 'Introduction to Risk Management' will be provided on a biennial basis unless new members of staff join a specific group and training will be provided to them when joining. In relation to 'Introduction to Risk Management' this will be covered in future in the Induction Process.

Training in Risk Management is an area of the Controls Assurance standard in which we have previously scored poorly on. The above commitment to training will improve or score and provide the organisation with confidence that Risk Management is installed fully within our organisation.

7 Risk Management System

In order to deliver the risk management agenda the Agency will provide the necessary resources, education, and development to all staff to assist them in the delivery of risk management within their own particular area of responsibility.

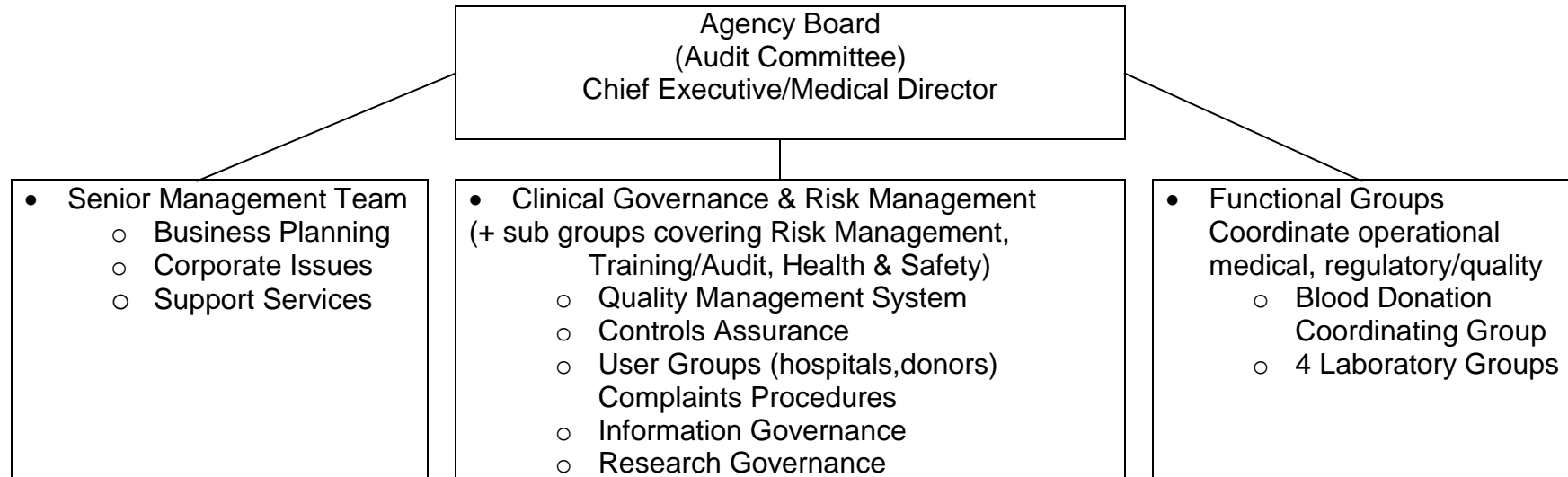
Procedures for the delivery of a comprehensive risk management process for NIBTS have been documented and are listed in the Risk Management Policy Document. These detail the processes for identification, assessment, management, recording and reporting of risks.

8 Reporting Arrangements

As noted in section 4 the Business Continuity and Risk Manager will provide regular updates to the Clinical Governance Committee and Risk Management and provide regular reports to the Board.

Risk Management Reports will serve to inform the collation of each annual Statement of Internal Control.

Clinical Governance/Quality Assurance Framework



8 Conclusion

The NIBTS Risk management strategy is designed to meet the requirements of clinical governance and ensure that clear and effective systems are in place for the identification and assessment and management of risk. In this way NIBTS seeks to assure its staff, partners and stakeholders that the services they provided are safe, effective and efficient.

NIBTS is committed to :

1. Improving the quality of services provided to partners and stakeholders through the application of a considered and structured approach to the management of risk
2. To having an open and honest approach to risk management
3. To provide help and support staff to achieve improvement, rather than to criticise and blame

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